

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-23-2003 90187 025 ****61.25

1/

DOCUMENT # N95000002576

1. Entity Name

MATECUMBE ANGLERS, INC.



Principal Place of Business

**PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA FL 33036
US**

Mailing Address

**PAUL W KAUB
129 BUENA VISTA COURT
ISLAMORADA FL 33036
US**

33011338

2. Principal Place of Business

3. Mailing Address



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0597692**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KAUB, PAUL W
129 BUENA VISTA CT
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-appointing)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINSTEL, JAMES 52 W PLAZA DEL LAGO ISLAMORADA FL 33036	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WYNESS, DAVID 91 W PLAZA DEL SOL ISLAMORADA FL 33036	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAWARNA, PETE 109 COSTA BRAVO DRIVE ISLAMORADA FL 33036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL KAUB 129 BUENA VISTA CT ISLAMORADA FL 33036	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RAHN, TIMOTHY 119 CORTEZ DR ISLAMORADA, FL 33036	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PAHOLSKY, WALTER 9809 DOLKSID DR. KEY LARGO, FL 33037	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)